

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/629,062-Conf. #5850
		Filing Date	July 29, 2003
		First Named Inventor	Jyoti Mazumder
		Examiner Name	M. L. Padgett
		Art Unit	1762
TOTAL AMOUNT OF PAYMENT		(\$)	380.00
		Attorney Docket No.	POM-13202/29

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>07-1180</u> Deposit Account Name: <u>Gifford, Krass, Sprinkle,</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
<u>16</u> - 20 =		<u>x</u>	<u>=</u>		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
<u>1</u> - 3 =		<u>x</u>	<u>=</u>				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
<u> </u> - 100 =	<u> </u> / 50 =	<u> </u> (round up to a whole number) x		<u> </u> =			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2251 Extension for response within first month						60.00	
2814 Statutory Disclaimer						65.00	
2402 Filing a brief in support of an appeal						255.00	

SUBMITTED BY			
Signature	/John G. Posa/	Registration No. (Attorney/Agent)	37,424
Telephone	(734) 913-9300		
Name (Print/Type)	John G. Posa	Date	January 29, 2008

TRANSMITTAL OF APPEAL BRIEFDocket No.
POM-13202/29

In re Application of: Jyoti Mazumder

Application No.
10/629,062-Conf. #5850Filing Date
July 29, 2003Examiner
M. L. PadgettGroup Art Unit
1762Invention: FABRICATION OF CUSTOMIZED DIE INSERTS USING CLOSED-LOOP DIRECT
METAL DEPOSITION (DMD)**TO THE COMMISSIONER OF PATENTS:**Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal
filed: October 29, 2007 .The fee for filing this Appeal Brief is \$ 255.00 .☐

Large Entity

☒

Small Entity

☒

A petition for extension of time is also enclosed.

The fee for the extension of time is \$ 60.00 .☐

A check in the amount of _____ is enclosed.

☐Charge the amount of the fee to Deposit Account No. _____ .
This sheet is submitted in duplicate.☒

Payment by credit card.

☒The Director is hereby authorized to charge any additional fees that may be required or
credit any overpayment to Deposit Account No. 07-1180 .
This sheet is submitted in duplicate./John G. Posa/

John G. Posa

Attorney Reg. No. : 37,424

GIFFORD, KRASS, SPRINKLE, ANDERSON &
CITKOWSKI, P.C.

2701 Troy Center Drive, Suite 330

Post Office Box 7021

Troy, Michigan 48007-7021

(734) 913-9300

Dated: January 29, 2008